2411 N. Charles Street, Baltimore

CED TIEICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. N	10. 252
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME)	OF DECEASED.	
COUNTY COUNTY MARYLAND	STATE	COUNT	ry
CITY (1) outside corporate limits, write RURAL and LENGTH OF STAY OR (in this place)	CITY (If outside corporate limit OR TOWN	s, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	-	(If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Bernard	(Lest) 4. D. OI		(Day) (Year) 2-4 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE	E last hirthday If under Months	
10a/USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIBTHPLACE (State or foreign	yrs.	12. CITIZEN OF WHAT
done during most of working life, eyen If retired) INDUSTRY	mary land		COUNTRY?
13. FATHER'S NAME form Walter applehad	14. MOTHER'S MAIDEN NAME	1-8-0-	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 2 18 -2 4 -4 413	17. INFORMANT AND ADDRI	ESS Statules	Enliquell
	ERTIFICATION	1/1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
- Telesans			
Immediate cause (a)		***************************************	
50, 0 Antecedent cause(s)	cherrie		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		**************************************	50 ·
(e) II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN)	(COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from			
alive on, 19, and that death occurred at SIGNATURE: (Degree or title)	DDRESS m., from the causes	and on the date s	tated above. DATE SIGNED
MJ. IN THERMORE MID.	murule	a, Mo	477/51
REMOVAL (Specify) april 27-1957 Church 14.	ill Cha	ON (City, town, or course of Helf	state)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1 57 57	24. FUNERAL DIRECTOR	00 1	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

BUREAU V. S.

CERTIFICATE OF DEATH

		L OF DUAL		
	FOR MEDICA.	L EXAMINERS	Reg. I	Dist. No.251
1. PLACE OF DEATH COUNTY Queen		2. USUAL RESIDENCE (HOME) OF DECEASE	D.
	MARYLAND	ma-		
CITY (If outside corporate limits, write OR give nearest town)	RURAL and LENGTH OF STAY (in this place)	CITY (If outside corpor		L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give loc	cation)
3. NAME OF (First)	(Middle)	(Last)	14. DATE (Mo	nth) (Day) (Yes
(Type or Print) Ly dia	Elizabeth	13reown	OF DEATH	7 2- 15
Formele Color OR RAC	CE 7SINGLE, MARRISD, WIDOWED, DIVORCED, (Specify)	Morch 31-1882		If under I year If under 24 Months Days Hours M
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if reti	work 10h KIND OF BURNINGS OF	Mary Las	or foreign country)	12. CITIZEN OF WE COUNTRY? 4-S
13. FATHER'S NAME		14. MOTHER'S MAIDEN		7.0
Win J. Ellests		marquet	? Sowy	
15. WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT AND A	DDRESS	7
(Yes, no, or unknown) (If yes, give war or dependent)	dates of	mus W.D. Ev	entt-dre	guler
	IS. MEDICAL CI	ERTIFICATION		
I. DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH			INTERVAL BETWI
	70 / da . / =	· /ast- en-	davette "	heart allac
Immediate cause	a) Found dead in			all ac
20.2 Antecedent cause(s)	en n p, c	Dan - 73.7	,	4 1
Diseases or conditions, if any, (h	, She hoo had C	June 1 /ace	are for	27-
giving rise to the above cause stating the underlying cause last			9	
	(e)			
 OTHER SIGNIFICANT CONDITION Conditions contributing to the death but related to the disease or condition causing 	not			
19a. DATE OF OPERATION 19b. MAJ				20. AUTOPSY?
				Yes \ No
21. EXTERNAL CAUSE WAS	PLACE (Hnme, farm, factory, street,	(CITY OR	TOWN) (C	OUNTY) (STATE)
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	OF office bidg., etc.) INJURY		4 5 2	
TIME (Month) (Day) (Year) (Ho		HOW DID INJURY OC	CUR?	
INJURY	m. While at Not while work at work			1
22. I certify that I took charge of the obtained by said Autopsy, Inspecta from: natural causes accide SIGNATURE	ent , suicide , homicide , (Degree or title)	Autopsy , Inspection eased died on the day state undetermined ADDRESS	stravelle 1	DATE SIGNE
23. BURIAL, CREMATION DATE TH	EREOF NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, town	, or county) (State)
Burial (Specify) April			Church Hi	
	AR'S SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
REG. 4-7-51	and do al	Edgan I In	no Chumch	Usaa Ma

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15A

420 1951 V. S.

LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

1	× 88/
()	ect a
1	(a)
	3

Supply every item of information carefully. write the causes of death clearly and legibly. UNFADING INK.

MARGIN RESERVED FOR BINDING

PLEASE WAITE PLAINLY

23 BURIAD CREMATION REMOVAL (Specify)

REGISTRAR'S SIGNATURE

		Street, Baltimore	0.2700
HIMNO. G 132 APR 30 1951 CE	RTIFICAT	TE OF DEATH Reg. Di	st. No. 251
1. PLACE OF DEATH. COUNTY Zulen One	MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR	LENGTH OF STAY (in this place)	TOWN PCELLY	ella.
INSTITUTION OR STREET ADDRESS		STREET (If rural give locat	ion)
(Type or Print) Odeses	(Middle)	Deuty OF DEATH A	h). (Day) (Year)
Foundle Cal WHOO (Spe		8. DATE OF BIRTH 9. AGE last birthday 1.	f under 1 year If under 24 hr fonths Days Hours Min.
done during most of working life, even if retired) INDUST	IND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) her certification and	COUNTRY? U. S
13. FATHER'S NAME	y J7	GLadys Hawking	5
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	detal Security No.	17. INFORMANT Having Decile	75~
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	18. MEDICAL CE		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pro	water	buil-7/2 moules	
773 SAntecedent cause(s)	nganital	by weak - did not the.	noe or
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	wish:		10 07 1- 010000 p
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	у функция и портина до до до до пред во до поста в до до до поста во до до до поста во до до до поста во до до поста во до		•
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Hom SUICIDE OF office b	e, farm, factory, street, sidg., etc.)	(CITY OR TOWN) (COU	JNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJUR While a Work		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the decease	sed from Pta 5	, 195', to 7 / 8 , 195', that I	last saw the deceased
alive on	death occurred at	m., from the causes and on the da	ite stated above. DATE SIGNED

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APR 24 1951

BUREAU V. S.

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dist. No. 213

	Reg. Dist. N	0
1. PLACE OF DEATH- COUNTY COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	y Holes and
CITY (It on side corporate limits, write RURAL and LENGTH OF STAY OR ryoneares town) (in this place)	CITY (It organic corporate limits, write RURAL and gi	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS NO. VICTOR	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Staron OF OF OPTION	(Day) (Year) 195
5. SEX 6. COLOR OF RACE 7. SNIGHE, MARRIED, WILDOWS D. DIVORCED, (Specify)	S. DATE OF BIRTH/9709. AGE last birthday If under Months	1 year If under 24 hrs Days Hours Min.
done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATTER'S NAME Baullon	many Danks.	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of 4.20-0) 7439	William Banks - Grason	viela, mf
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	Morrhage Och 1950 &	INTERVAL BETWEEN ONSET AND DEATH
H21. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	, glueral + cerebral,	Severelyen
11. OTHER SIGNIFICANT CONDITIONS OF TO	agulations.	1 Hours glas
Conditions contributing to the death but not related to the disease or condition causing death.	deformans	June - year
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	d	Yes No X
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2	, 1951., to april 1, 1957; that I last	saw the deceased
alive of Manh 30, 1951; and that death occurred at	ADDRESS	tated above. DATE SIGNED
23. BURIAL, CREMINION DATE THEREOF, NAME OF CRIETE	RY OR CREMATORY LOCATION (City, town, of cour	2.195/ nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S AGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGULA: 120 100 CT wette Howler	Jours a Henry Cam	of ma



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No. 457
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF D	ECEASED.
CITY (If outside corporate limits, write RURAL and OR give nearest toyl) (in this place)	CITY (If outside corporate limits, write OR TOWN	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		d, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mary Panhel.	Kerroed 4. DATE OF DEATH	(Month) (Day) (Year Opiel, 11, 195
6. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last b	oirthday If under 1 year If under 24 h Montha Days Hours Mi
done during most of working life, eyen if retired INDUSTRY	11. BIRTHPLACE (State or foreign count	
13. FATHER'S NAME Wilson	14. MOTHER'S MAIDEN NAME Susame	ORLI
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (II yes, give war or dates of 220-28-1813	John VI. E. West and	& Streen is low
18. MEDICAL CE	RUFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	INTERVAL BETWEE
Immediate cause (a) Colcinoma	of lives	Here glas
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last (c)	ente broughte 4/pl	enrysy Mark 2.195
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death lungual M	pronchitis & pleurisy (5/15/51 akc) 1949
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NUICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. WorkAt work	HOW DID INJURY OCCUR?	
22. I hereby certify that Attended the deceased from and 2	, 1957, to april 6. , 1957.	., that I last saw the deceased
alive on 1957, and that death occurred at 1957 (Degree or title)	ADDRESS from the causes and	on the date stated above. DATE SIGNED
theory Sellelmanis M.D	Mous alle	Med. Upil 17.195%.
REMOVAL (Specify) apr 19- 145 1 Robinson Ch	wish Cemetery Ana	Sity, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN



ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH-STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) OR TOWN TOWN / HOSPITAL OR STREET (If rural, give location) ADDRESS INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED DEATH 195 (Type or Print) AGE last hirthday 7. SINGLE, MARRIED If under 1 year | If under 24 hrs R OR RACE 5. SEX WIDOWED, DIVORCED, (Specify) Mooths | Davs | Hours | Min. 10a. USUAL GCCUPATION (Give kind of work done during most of working life, even i retired)

13. FATHER'S NAME 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (State or foreign country) COUNTRY? INDUSTRY 14. MOTHER 15. W. DECRASED EVER IN U.S. ARMED FOCES? (Yes, no, or unknown) | (If year, give war or dates of 16. SOCIAL SECURITY NO. al Chestertown service man INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH years Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No [PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT SUICIDE (Specify) office bldg., etc.) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Hour) While at Not While Work At work | INJURY 3/19.57, to 277 9, 19.51, that I last saw the deceased 22. I hereby certify that I attended the deceased from..... alive on.... ADDRESS DATE SIGNED (Degree or title) SIGNATURE LOCATION (City, town, or county)

WS. At 5. PLEASE WRITE PLAINLY, WITH UNFADING I is especially important. Physicians:

23. BURIAL, CREMATION REMOVAL (Special)

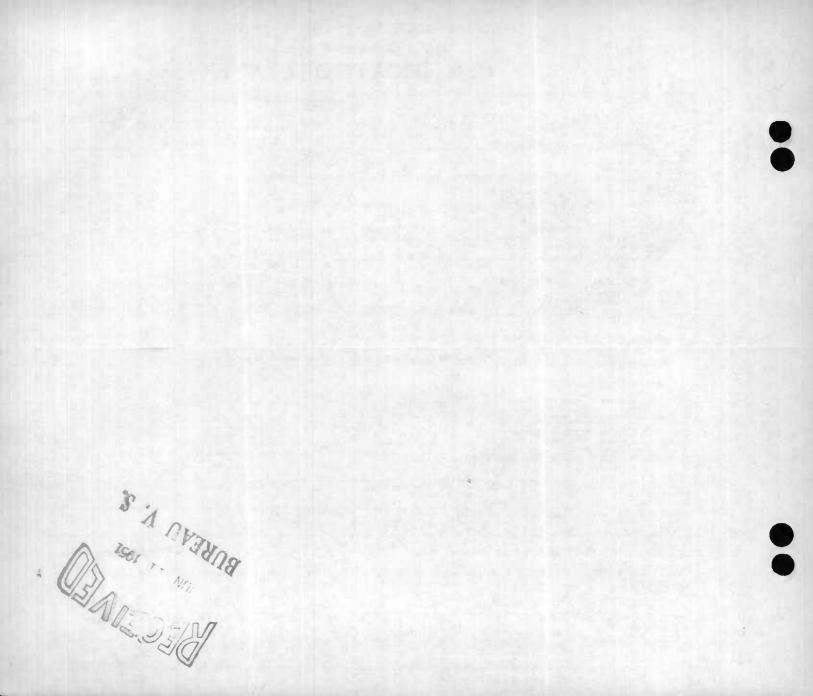
DATE REC'D BY LOCAL

of information carefully. death clearly and legibly.

BINDING

RESERVED

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100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

		CERTIFICAT	E OF DEAT	TH Rep	g. Dist. No. 254
1. PLACE OF DEAT	IEEN AND	MARYLAND	2. USUAL RESIDENCE STATE	AND	COUNTY AN
CITY (If outside OR give neare TOWN 7000) HOSPITAL OR INSTITUTION (corporate limits, write RU. st town)	(in this place)	II OR	1 - QUE	RAL and give nearest town)
INSTITUTION O	OR ESS NON	E	ADDRESS	(If rural, give	o tocation)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Y
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	DEATH 9. AGE last birthds	PR 23
MALE	COLORED	WIDOWED, DIVORCED, (Specify)	MAR. 28 /883	68 yr	Months Days Hours
10a. USUAL OCCU	PATION (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF V
13. FATHER'S NA	ORER	FARM	QUEENAN	INE (O.	U.S.
3. FATHER'S NA	ME 4/		14. MOTHER'S MAIDE	N NAME	
15. WAS DECRASED	EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	TTLE
(Yes, no, or unknown	(If yes, give war or date service)	of	EDNA GRU	FEIN PIN	EENSTOWN, P.D.
Diseases of giving rise stating the	ent cause(s) r conditions, if any, to the above cause underlying cause last (c)	Carcinoma	S		
Conditions contri	FICANT CONDITIONS buting to the death but not take or condition causing de	ath.			
		FINDINGS OF OPERATION			20. AUTOPSY
	(0 - //-) 1 DI	ACE (H	· · · · · · · · · · · · · · · · · · ·	MOWEN TO THE REAL PROPERTY.	Yes N
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY) (STATE)
TIME (Month OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby cer	tify that I attended t	he deceased from mch 30	1-, 1951, to Afr	23,1957, the	at I last saw the deceas
CICATAMITOU		and that death occurred at	ADDRESS		he date stated above. DATE SIGN
W. Dres	way Frali	ron. N.	entreville.	md	4/24-51
23. BURIAL, CREE REMOVAL (Sp	ecify)	5 STI JOHN WESLE	RY OR CREMATORY AUGUST 24. EUNER OF DIRECT	LOCATION (City, to	own, or county) (State of State of Stat

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

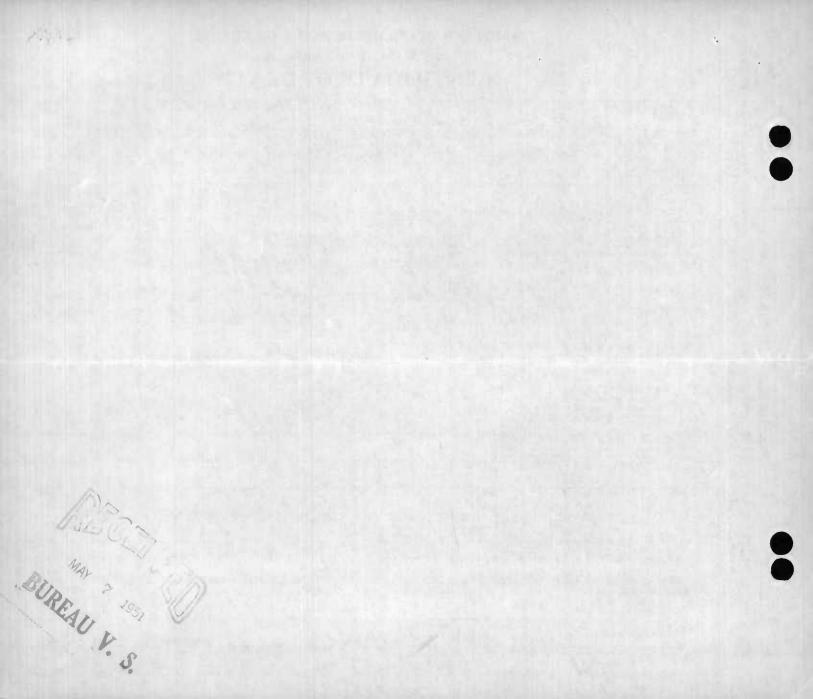
GERTIFICAT	E OF DEATH Reg. Dist. N	o. 2021
1. PLACE OF DEATH. COUNTY Jusey Cours MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Hary land Zount	Muse
CITY (If outside rporate limits, write RURAL and OR give near not own) OR give near not own) TOWN LEVEL 1. The place of	OR CORTONN CONTROL I I I I I I I I I I I I I I I I I I I	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) THOMAS JAMES	(Last) 4. DATE (Month) KEATING DEATH OF SELECTION OF DEATH	(Day) (Year) 26 19-5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. PATE OF BIRTH 9. AGE last birthday If under Months 1. AGE last birthday Months 1. Months	l year If under 24 hr Days Hours Min
10a, HSUAL OCCUPATION (Give kind of work doried during most of working life, even if retired)	Centractle 20 lo Jed	COUNTRY S 13
Thomas James Keating	Sarah Frances Webster	
(Yes, no, or unknown) (Il yes, give war or dates of service)	Thomas & Keating h. Centeral	Mary land
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)		INTERVAL BETWEEN ONSET AND DEATE
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	cation -	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No W
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from soft /- alive on Africa 25, 1957, and that death occurred at SIGNATURE.	7. P. m., from the causes and on the date st	aw the deceased ated above.
W. Thewry Fisher m. N (e	itreville md.	4/28.51
REDUXAL (Specity) afril 29-51 Chester		eyland
DATE REC'D BY LOCAL RIMISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLEASE



2411 N. Charles Street, Baltimore

		CERTIFICAT	TE OF DEAT	Reg. Dist. N	251
I. PLACE OF DEAT COUNTY	n. leene Anne	MARYLAND	2. USUAL RESIDENCE (STATE Mary]	HOME) OF DECEASED COUNT	Te Anne
OR give neares TOWN NEAT	corporate limits, write RUR. t town) Centre ville	AL and LENGTH OF STAY	OR TOWN Ru	rate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE)R ESS		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	James	C.	Mathews	DEATH April	6 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last hirthday If under Months	r I year If under 24 hrs
Male	Colored PATION (Give kind of work)	(Specify) Married	Sept.9.1861	1 89 yrs. 1	
done during most of	Taborer (retlied)	INDUSTRY Farm	Maryland		COUNTEY? U.S.A
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
IF Wen Dwan one I	Curt Mathew EVER IN U.S. ARMED FORCES		Louis	e Sparks	
(Yes, no, or unknown)	(If yes, give war or dates of service)	1 16. SUCIAL SECURITY NO.	Nettie Tho	masChurch Hi	11, Md.
		18. MEDICAL CE			Townson Daniel
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH J-VI	terstellent		INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	losonic net	ihritis		ross room will 60 th this passon on the temperature of the second
5 92 × Antecede	ent cause(s) conditions, if any, (b)				
giving rise	to the above cause underlying cause last				
II. OTHER SIGNIF	(c) ICANT CONDITIONS outling to the death but not	2			
related to the dise	ase or condition causing deat				
19a. DATE OF OPE	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
	1 77 4	an //			Yes No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU				(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cer	tify that I attended the	e deceased from 4/2-	, 1951, to 4/6-	, 195/, that I last	saw the deceased
alive on +	- "	d that death occurred at (Degree or title)	3 /? m., from the	causes and on the date s	tated above. DATE SIGNED
Res-Ofer			entreville >		4/18-51
23. BURIAL, CREM REMOVAL (Spe Buria	1 Whiti	19 Church Hi	11, Colored	Church Hill, M	id.
DATE REC'D BY		SIGNATURE	F. FUNERAL DIRECTO	ane Church HI	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

820105



CERTIFICATE OF DEATH

FOR MEDICAL	EXAMINERS	Reg. Dist. No. 251
1. PLACE OF DEATH- COUNTY Julian MARYLAND	2. USUAL RESIDENCE (HOME) C	2 COUNTY
OR give negrest town) TOWN CITY (If outside corporate limits, write RURAL and place) (In this place)	TOWN m Sun	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (II	rural, give locatioo)
3. NAME OF DECEASED (First) (Middle) (Type or Print)		ATH Afr 17- 1807
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED- WIDOWED, DIVORCED- (Specify)	Jab 15-1900 x	last birthday If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign of	Country) 12. CITIZEN OF WHAT COUNTRY? U, S
13. FATHER'S NAME Sawell moore	Sarah Sava	glon
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 2/3-/8-40//	17. INFORMANT Mrs. Roberta +	none
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Journal dead	extification	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
	ased died on the dry stated above, undetermined ADDRESS Confidential 2-a-Cr Md RY OR CREMATORY LOCATIO	and death in my opinion resulted DATE SIGNED #//7.5-/ N (City, town, or county) (State)
REMBYAL (Surfly) April 21 Crumpton DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	C rump 24. Funeral director	oton, Md.
REG. April 14 Edgar d. Lane	Edgar L.Lane	Church Hill, Md.
		970000

PLEASE WAITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

VS. A15A

APR 20 1951

BUREAU V. S.

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

04068

I. PLACE OF DEATH- COUNTY Quesce MAR	YLAND 2. UST	TAL RESIDENCE (HO		D. COUNTY
CITY (If outside corporate limits, write RURAL and LENG?				L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		REET DRESS	(If rural, give io	cation)
3. NAME OF (First) (Middle)	(L	ast)		onth) (Day) (Year)
(Type or Print)	car ma	wis Sr	OF DEATH	trie 25 1951
5. SEX 6. COLOR OR RACE 7. STNOLE, MA WIDOWED, (Specify)	ARRIED, 8. DAT	TE OF BIRTH 9.	AGE last birthday	If under I year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Farmer Tarmer	BUSINESS OR II. BII	A. Co Snot	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MC	Armie J		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unknown) (If yes, give war or dates of service)	-	FORMANT AND A	-	day liter)
	MEDICAL CERTIFICA	TIO		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO I				INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Corono	very occle	recon		1/2-leason
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	U			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF O	PERATION			20. AUTOPSY?
				Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, OF office bidg., etc. HOMICIDE		(CITY OR TO	WN) (C	OUNTY) (STATE)
	RRED HOW t While	DID INJURY OCCU	JR?	
22. I hereby certify that I attended the deceased from	n 4/25 , 195	7 , to 4/25-	, 19.5 that	I last saw the deceased
alive on Afric 25, 195(, and that death of SIGNATURE. (Degree	ccurred at 6 30 or title) ADDI	P.m., from the ca	auses and on the	date stated above. DATE SIGNED
W. Theway Fisher m. &	Centre	will me		428-51
REMOVAL (Specify) 4/29/51	DECEMETERY OR	CREMATORY LO	CATION (City, town	nor county) (State)
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE REG. 4/28/5/1 CALL CLEMBE	Long 24. FU	NERAL DIRECTOR	Lane C	Rench Hell had

REGETVED

MAY 10 1951

BUREAU V. S.

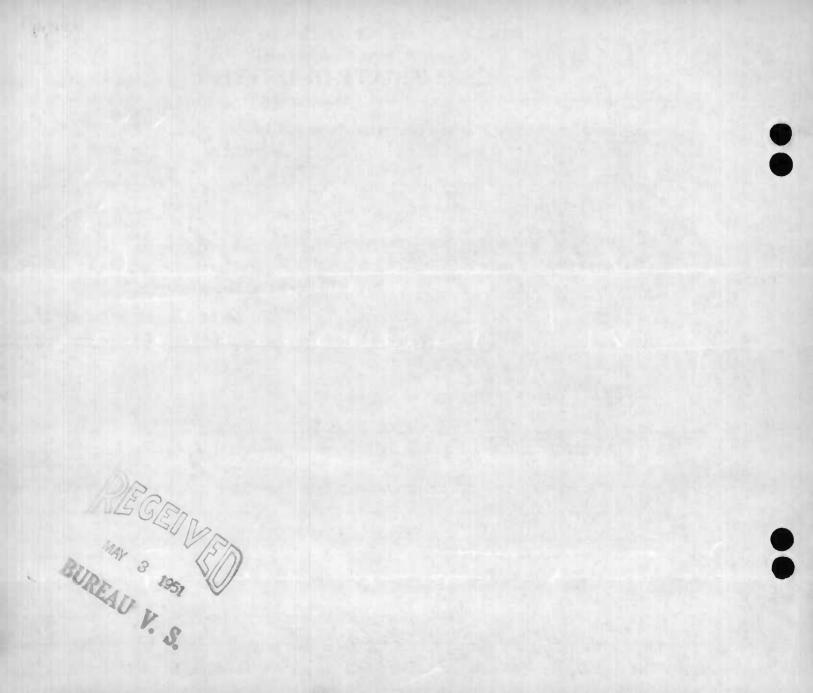
2411 N. Charles Street, Baltimore

910126

	_ 1	
MARGIN RESERVED FOR BINDING	LAINLY, WITH UNFADING INK. Supply every item of information carefully. especially important. Physicians: please write the causes of death clearly and legibly.	CITY (If of OR give TOWN HOSPITAL INSTITUT STREET AS INAME OF DECEASEI (Type or Property of the Conditions of the Condi
	NLY	TIME (I
	LAI	
	E P	alive or
	RIT	SIGNAT
1	W	Theo

PLEASE

CERTIFICAT	TE OF DEATH Reg. Dist. No.	. 213
1. PLACE OF DEATH. COUNTY Quella Quil', MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maylour Count	¿alemois
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearly town) (in this place)	CITY (It outside corporate limits, write RURAL and gions of TOWN Chilster (Rural)	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) Middle) (Type or Print) Oathur Sleuast	Mash 4. DATE (Month) OF DEATH ap ni	(Day) (Year) 28 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months Oct 16 - 18 5 4 6 7 (1) yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lipystry	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY? 2 S.A
Charles nach	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service)	17. INFORMANT AND ADDRESS form Jash Cheste	med.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	occlusion	INTERVAL BETWEE ONERT AND DEATH OF THE PROPERTY OF THE PROPERT
120, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arterios clerosis	(generalist coron any,	several year
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Condio-vas cular diseas e	14 years
19a. DATE OF OPERATION 19b. MAJOR FINUNGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Fully		
alive on 1951., and that death occurred at (Degree or title)	ADDRESS	ated above. DATE SIGNED
BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (Stapp)
DATE REC'D BY LOCAL REGISTERS SIGNATURE	Plinet Bolt,	ADDRESS



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

100105

1. PLACE OF DEATH-			z. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Queene Anne				
હેપ€	eene Anne	MARYLAND	Mary	land Q	ueene	Anne	
OR give nearest	town	AL and LENGTH OF STAY (in this place)	CITY (If outside cor		RURAL and	give nearest to	wn)
TOWN	town Church Hi		TOWN Chur	ch Hill			
HOSPITAL OR INSTITUTION OF STREET ADDRESS	3		STREET ADDRESS	(If rural,	give location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	()(100	140
DECEASED	7.7			OF	(Month)	(Day)	(Year)
(Type or Print) 5. SEX	Henry 6. COLOR OR RACE	Mifflin	Porter 8. DATE OF BIRTH		April	13	19 5
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) Married	Feb. 15,18	9. AGE last birt	Month	B Days Hou	ider 24 hrs
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta			12. CITIZEN C	P WHAT
done during most of w	orking life, even if retired)	INDUSTRY Farm	Maryland			COUNTRY?	USA
13. FATHER'S NAM			14. MOTHER'S MAID	EN NAME			
Loui	s Porter		Lucret:	ia Callow	av		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AN	D ADDRESS			
(Yes, no, or unknown)	(If yes, give war or dates (service)	ot	Mrs. Cheste	er Wassev	Chur	chHill	. Md.
1		18. MEDICAL CE		11/	,		,
T DIGHT OF CO	NDITIONS DIRECTLY	Three mandamy	m .	40		INTERVAL	BETWEEN
1. DISEASES UR CO	INDITIONS DIRECTLY	The state of the s	Un a AA	11/A	00	ONSET AN	DEATE
Immediate	e canse (a)	ALIVITARE	yreas.	you, and	de	1-7/2	LERC
	cause (=)	10000000	all Max	+- W10	****** ** ********************	17	0
421.0 Anteceden		Made (M.L.	au MAN	Molla-		1011	(1)
	conditions, if any, (b)	1100000	000000			W. P.O.	
92 W stating the u	nderlying cause last						
	(c)					1	
11. OTHER SIGNIFI Conditions contribu	CANT CONDITIONS tling to the death hut not se or condition causing deat	Scolle					
		INDINGS OF OPERATION				20. AUTC	PSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY O	R TOWN)	COUNT	Yes (STA	No 🗆
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)	(0111 0	. 1044)	(COON I	I) (SIA	1 (2)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY	OCCUR?			
OF INJURY	m.	While at Not While Work At work	/		100		
		MAN	11 01 11	1012 (
22. I hereby corti	by that I attended the	e deceased from	6 190 J., OF JUL	14/21901,	that I last	saw the de	ceased
1 11	1017.51	and Amelian	201	15.		10 []	
SIGNATURE	W. f. J., 199. f, an	d that death occurred at	ADDRESS 1	the causes and or	the date	DATE S	8.
SIGNATORIA	1 10 an X	Att all	This his	leneal I	1000	II A	MED
000	414901,0	William	MALEU	wen.r	ree	a41/10	14
23. BURIAL, CREMA	ATION DATE THERE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City	, town, or cou	inty	(State)
REMOVAL (Spec	(April 1	6 Church/H	ווו	Shurch Hi			
DATE REC'D BY I			24. FUNERAL DIREC			ADDRES	SS
REG. april 1	4 Cdga	udi chane	Edgar L.	Lane Chu	irch H	ill, Mo	

PEGETA V. S.

CERTIFICATE OF DEATH

251

	Reg. Dist. No	J*
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	v
COUNTY PLLEY QUE CO MARYLAND	The Royal	6)
OR give negret town)	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
TOWN In Willeug lary (Fuel) 4 y s	TOWN Lyzels Told	Kurel)
HOSPITAL OR INSTITUTION OR STREET ADDRESS abusilos Viusaux Horal Tuellaghin	STREET / # rural, giv6 location	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Price DEATH GOLF	13 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) by Car	8. DATE OF BIRTH 9, AGE last birthday If under Months	
100 USHAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Tool	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
petrome_	lettrem	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	- 71
(Yes, no, or unknown) (If yes, give war or dates of service)	Was we Palmalog Welley	gla least
18. MEDICAL C		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Date Pa	char Welalal.	
Immediate cause (a)	arec production	***************************************
Antecedent cause(s)	Turno d'I	
H22, Diseases or conditions, If any, (b) giving rise to the above cause	- myreagues	
stating the underlying cause last	1 0'	L.
73d (c) Calu	el Jeurn	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Provilete	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	7	20. AUTOPSY?
	y	Yes I No V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	12 1051 · Oard 15 1061 13 173	
22. I hereby certify that I attended the deceased from	5, 1997, to	saw the deceased
alive on	2.70 m., from the causes and on the date st	tated above. DATE SIGNED
C Nufsleulle 24 2	Ludters rell mid	4/17/51
	ERY OR REMATORY LOCATION (City, town, or coun	ity) (State)
REMOVAL (Specify) april 17-5-1	a Valena Valena	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

APR 20 1951
BUREAU V. S.

Tree!

2411 N. Charles Street, Baltimore

04073 251

CERTIFICATE OF DEATH

OBKTITOAT	Reg. Dist. N	10.50.00-
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	Try 12 0
Gueen annu MARYLAND	ma cook	1 Cents
CITY (If outside corporate limits, write RURAL and OR giver serest tows) (in this place)	CITY (If outside corporate limits, write RURAL and a TOWN	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	V
3. NAME OF (First) (Middle) DECEASED (Type or Print) SHIRLEV HRLENE	RICIETTS 4. DATE (Month) OF DEATH Anil	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Month	r 1 year If under 24 hi
10a. USUAL OCCUPATION (Give kind of work done during most of working all every firetired) 10b. Kind of Busianss on Industry		12. CITIZEN OF WHATCOUNTRY?
13. FATHER'S NAME Rich. He	14. MOTHER'S MAIDEN NAME	HIP
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Margaret Mines Rural Ch	estituin m
18. MEDICAL CE		INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, 6,	ONSET AND DEATH
Immediate cause (a) Conjecutal	early Orsere	Rido
7544 Antecedent cause(s)	461-464-7-1964-1-196-1-19	
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
	in during life	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last	saw the deceased
alive on and that death occurred at		stated above.
SIGNATURE (Degree or title)	hillingto med a	DATE SIGNED
23. BUBLAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNEAU DIRECTOR ()	ADDRESS
76 195-1 195-1 Thurst F. Cl.	Edward Tellow Mil	levistes m

VS. A15

WRITE

PLEASE

correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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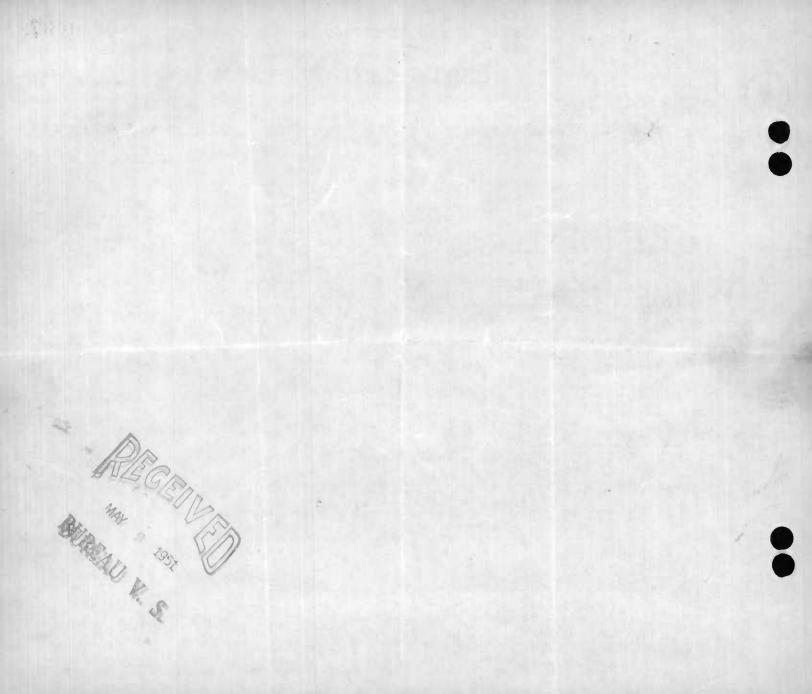
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2411 N. Charles Street, Baltimore

910126

GERTIFICAT	TE OF DEAT	H	Reg. Dist. N	. 25	<i>t</i>
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DE	CEASED COUNT	Y -	
guen Maryland	ma.		dure	no Classes	-
CITY of outside corporate lights, write RURAL and CENGTH OF STAY (in this place) TOWN	CITY (II outside corpor OR TOWN	nte limits, write	RUDAL and gi	ve nearest tov	vn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET		give location)	1	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX 6 COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED.	S. DATE OF BIRTH			I year If und	der 24 hre
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of done during most of working life, even if retired) INDUSTR	BIRTHPLACE (State	or foreign country	yrs. (3	2. CITIZEN O COUNTRY?	F WHAT
13. FATHER'S NAME P. A.	14. MOTHER'S MAIDEN	NAME	Rul		
James lun	1 ordine	•	main	0	
15. Was Declared Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no, or uknown) (If yes, give war or dates of 2/8-07-7335)	Hawy (Pull 1	Leason	nele	
18. MEDICAL CI	ERTIFICATION			1_	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL I	
· · · · · · · · · · · · · · · · · · ·	rosis gluera	l + cer	ebral	Syl.	Nes
31X Antecedent cause(s) Diseases or conditions, if any, (b) cerebral he	work age	+ hemi	blegia	nor.	1947
giving rise to the above cause stating the underlying cause last Orderitis old		Rayma	1 . 0 .0	Pluse 2	year
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Other ut affects	in of rich	lea	- 1	Febr. 1	951.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0 0	7		20. AUTO	PSY?
				Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR	rown)	(COUNTY) (STAT	(E)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OC	CURT			
INJURY m. Work Arwork	- 0.0	A			
22. I hereby certify that I attended the deceased from	(5)	24, 1957,	that I last	saw the dec	ceased
alive on 1951., and that death occurred at 1951.	ADDRESS from the	causes and	n the date st	tated above	GNED
Theodor Hallelmonin, M.J.	Stevensull		april	25,19.	51,
26 BURIAL CREMATION DATE THEREOF NAME OF COMETA April 26-51 Chester	SRY OR CREMATORY	LOCATION (CH	eville	ity)	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	OR 7	P	ADDRES	S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

CERTIFICA	TE OF DEATH	Reg. Dist. No. 25 7
I. PLACE OF DEATH- COUNTY QUEEN ANNE MARYLAND	2. USUAL RESIDENCE (HOME) OF STATE MARYLANT	DECEASED OUNTEN ANNE
CITY (If outside corporate limits, writa RURAL and 1 LENGTH OF STA	Y CITY (If outside corporate limits.	write RURAL and give nearest town)
OR give nearest town) GRASON VILE 18(in this place)	TOWN RUBAL - 6	FRASONVILLE
HOSPITAL OR	STREET (If r	ural giva iocation)
INSTITUTION OR STREET ADDRESS	ADDRESS GRASON	VIIIE
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DAT	E (Month) (Day) (Year)
(Type or Print)	SICHEL DEA	
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Speelfy) 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of Busi	3 JULY 8, 1895 9. AGE 18	5 yrs. If under I year If under 24 hr. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY,	100	untry) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) NDUSTRY WORK 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	COUNTRY? USA
OTTO STIPHE!	14. MOTHER'S MAIDEN NAME	1 GELGED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	1 GE GEV
(Yes, no, or unknown) (If year, give war or dates of service)	MARY A. ST	ICHEL - WIFE
10 Minnor	CERTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
5000	cary Ocche	Ad and
Immediate cause (a)		
/ 2 () Antecedent cause(s)		25
Diseases or conditions, if any, (b)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
74 a giving risa to the above cause stating tha underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		***************************************
Conditions contributing to the death but not related to the disease or condition causing death.		· .
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖈
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF offica hidg., etc.)	et, (CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE INJURY	WOW DVD WWWDW OCCUPA	<u> </u>
OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	3-0 195/ to Care 6 195	5/. that I last saw the deceased
alive on	ADDRESS ADDRESS	nd on the date stated above. DATE SIGNED
SIGNA TO THE STATE OF THE STATE	15 10 9	M= 0 14/4
Xours 1. Hoson	r.y. w trose	reville md !]
23. BURIAL, CREMATION DATE NAME OF CEME	VERY OR CREMATORY LOCATION	(City, town, of county) (State)
Duna 4/4/01 404	testence cem Bola	u, Ka
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Q M DRESS
REG. 4-1-51 Helen M. Claude	24. TENERAL BIRECTOR	Many Jac

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

826

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1. PLACE OF DEAT.	H.	1	2. USUAL RESIDENCE (HO	ME) OF DECEASED.	brev
We we	een ann	MARYLAND MARYLAND	Mare		sen anne
OR give near TOWN	perperate ilmits, write RUR	(in this place)	CITY (Il outside corporate	limits, write RURAL and	
	Herewill	all her life		woelle	
HOSPITAL OR INSTITUTION O STREET ADDRE	R	0	STREET ADDRESS	(If rural, give location)
. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	TNNIE LO	UISE	VESTON	OF DEATH Cope	il 14 1951
temale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9.	AGE last birthday If un Mont	der I year If under 24 hrs the Days Hours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM		Nonce musery	14. MOTHER'S MAIDEN N	- I I I I I I I I I I I I I I I I I I I	USA
Mion	1 111.	ton	annie 1	Bapter	
Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give yer or dates service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND AL	DDRESS Centre	will Hed
		18. MEDICAL CE	RTIFICATION		
DISTASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
· DIDLINGED OIF O		0 4 .			ON 'A
Immediat	e cange (a)	Corondio-	Meumon	a	youl 12 195
Tilline Carac	c cause	0			
	nt cause(s)	Jullieux a.			Uprel 5.195
Diseases or giving rise t	conditions, if any, (b)	Jacks	*****	######################################	
stating the t	inderlying cause last (c)	arterios clerosis	, malignant	heppertensio	in several year
	ICANT CONDITIONS	100-	1	01	her 1404
	use or condition causing deat		raparosis		miral grave
9a. DATE OF OPE	KATTON 196. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No R
SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR TO	WN) (COUN'	TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	R?	
		A 11.1	H - 01-11	1	
22. I hereby cert	ify that Oattended th	e deceased from	1, 1951., to pu	T, 1951, that I las	t saw the deceased
O. La	A	The state of the s	()		
alive on	195 V, an	d that death occurred at	ADDRESS	luses and on the date	stated above.
SIGNATURE	Dotta D. win	. A. A	CAR - NO	A	DATE SIGNED
Theoder	10 million	4 .M.A-	Trolusille		16.1951.
REGIOVAL (Spec	city)	7-51 NAME OF CEMETE		CATION (City, town, or co	ounty)
DATE REC'D BY	LOCAL RECESTRAR'S		24. FUNERAL DIRECTOR	0	ADDRESS
REG	7 1911 1111	THE DOLLARS	150,0-16	10 7	-00 W. O

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

REGETVED

APR 24 1951

BUREAU V. S.